

## Special Events Permit

### 1. SPONSOR ORGANIZATION

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### 2. EVENT CHAIR

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### 3. SPECIAL EVENT PROPOSED ON CITY PROPERTY – DESCRIPTION & LOCATION

\_\_\_\_\_  
\_\_\_\_\_

### 4. DESCRIBE PLANS TO PROVIDE PARKING, SECURITY, CROWD CONTROL, TRAFFIC CONTROL, REFUSE DISPOSAL, SANITATION FACILITIES, PRIVATE PROPERTY PROTECTION/RESTORATION, NOISE CONTROL, STAGING AREAS AND PERSONNEL/EQUIPMENT THAT MAY BE NECESSARY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. DATE(S) OF EVENT

START Date: \_\_\_\_\_ START Time: \_\_\_\_\_ END Date: \_\_\_\_\_ END Time: \_\_\_\_\_

### 6. DESCRIBE BENEFIT OF EVENT TO CITY OF ALGONAC

\_\_\_\_\_  
\_\_\_\_\_

### 7. EXPLAIN TYPE, NATURE, & AMOUNT OF ANY RATE, FEE, CHARGE OR DONATION BY ANYONE PARTICIPATING OR ATTENDING THE EVENT

\_\_\_\_\_  
\_\_\_\_\_

### 8. EXPLAIN IF PARKING WILL BE PROHIBITED OR RESTRICTED FOR EVENT

\_\_\_\_\_

**9. CITY COUNCIL AND/OR LIQUOR CONTROL COMMISSION MUST APPROVE CONSUMPTION OF ALCOHOLIC BEVERAGES ON CITY PROPERTY. WILL THERE BY ALCOHOLIC BEVERAGES?** \_\_\_\_\_

**10. SPONSOR REQUIREMENTS**

- Contact MISSDIG at least one (1) week prior to event at 800-482-7171 or [www.missdig.org](http://www.missdig.org) if stakes will be installed on city property.
- Provide porta-johns for event. Coordinate placement with DPW at 810-794-5451 or [dpw@cityofalgonac.org](mailto:dpw@cityofalgonac.org).
- City Ordinance Section 4-49 requires reimbursement to the city for expenses incurred for the special event as follows: 100% of all employee charges, including salary, overtime, shift premium, holiday pay, FICA, MERS and workman’s compensation plus 100% of equipment/supply purchases plus a 15% administrative fee based on total city cost.

**11. REQUIRED DOCUMENTS**

- Certificate of Insurance provided by sponsor organization *must be filed with the city no later than forty-five (45) days before the starting date of the event* naming the city and any property owners abutting the affected streets, roads, or public rights-of-way as named or additional insureds and insuring the city and abutting property owners against any and all liability for damage to property and insuring the city against any and all liability for personal injury or death as a result of the activity, event or use, as a result of participation in or attendance at the activity, event or use. Certification will indemnify the city for and hold it harmless from and defend it against all claims, lawsuits or other liability arising from or because of the activity, event or use. *Failure to provide Certificate of Insurance shall result in immediate revocation of the Special Event Permit.*
- If requested by city, a surety bond or letter of credit.*

I understand the city shall be reimbursed for city expenses incurred for the special event and agree to pay the appropriate fees. I further understand that the City may revoke this permit at any time in the event of an emergency or violation of the Special Event ordinance or permit conditions, undue burden on public services, or concern that the health and safety of the public and/or property is at risk or that it appears that continuation of the event is unlawful. I certify that I am authorized on behalf of the sponsor organization to make application to the city for this Special Event.

**12. SIGNATURE REQUIRED**

Event Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY**

Date Application Received: \_\_\_\_\_ 30-Day Deadline to Respond: \_\_\_\_\_

Conflicting Event on Date of Proposed Event? \_\_\_\_\_

Permits Required: \_\_\_\_\_

**APPROVALS**

Fire Chief: \_\_\_\_\_ DPW: \_\_\_\_\_

Building Official: \_\_\_\_\_

City Council Date of Approval, if applicable: \_\_\_\_\_ Liquor Control Commission Approval, if applicable: \_\_\_\_\_

- I hereby authorize the City Clerk to issue the requested permit.
- I hereby DENY issuance of the requested permit for the following reason(s):

\_\_\_\_\_

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

CITY CLERK USE ONLY: Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Permit Revoked Date: \_\_\_\_\_